

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	HUMERAL NAIL
Attorney Docket Number::	TRAUMA 3.0-435
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	1
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Sweden
Status::	Full Capacity
Given Name::	Carl
Family Name::	Ekholm
City of Residence::	Onsala
Country of Residence::	Sweden
Street of mailing address::	Stora Enens Vag 7
City of mailing address::	Onsala
Country of mailing address::	Sweden
Postal or Zip Code of mailing address::	S-43931

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Sweden
Status::	Full Capacity
Given Name::	Anders
Family Name::	Jonsson
City of Residence::	Onsala
Country of Residence::	Sweden
Street of mailing address::	Fyrmastarevagen 20
City of mailing address::	Onsala
Country of mailing address::	Sweden
Postal or Zip Code of mailing address::	S-43994

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Germany
Status::	Full Capacity
Given Name::	Nils
Family Name::	Zander
City of Residence::	Eckernförde
Country of Residence::	Germany
Street of mailing address::	Geschwister-Scholl-Strasse 99
City of mailing address::	Eckernförde
Country of mailing address::	Germany
Postal or Zip Code of mailing address::	D-24340

### **Correspondence Information**

Correspondence Customer Number::	000530
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### **Representative Information**

Representative Customer Number::	000530
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**Foreign Priority Information**

Country::	Application number::	FilingDate::	Priority Claimed::
Germany	20213166.1	08/28/02	Yes